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SERIAL NUMBER 09/724,570	FILING DATE 11/28/2000 RULE	CLASS 514	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 15270-005914
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/585,817 06/01/2000
 which is a CIP of 09/580,015 05/26/2000 ABN
 which is a CIP of 09/322,289 05/28/1999
 which is a CIP of 09/201,430 11/30/1998 PAT 6,787,523
 which claims benefit of 60/080,970 04/07/1998
 and claims benefit of 60/067,740 12/02/1997

which claims benefit of 60/137,010 6/1/00

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/08/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 87	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		

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TITLE

PASSIVE IMMUNIZATION OF ASCR FOR
 Prevention and treatment of amyloidogenic disease
 PRION DISORDERS

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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 11/8/04
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